

EXHIBIT A



State of Alabama
Unified Judicial System
Form AR Civ-93 Rev. 9/18

**COVER SHEET
CIRCUIT COURT - CIVIL CASE**
(Not For Domestic Relations Cases)

Ca:
31

Date of Filing: 02/26/2019 Judge Code:

GENERAL INFORMATION

**IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
JANE KISER v. LIFE INSURANCE COMPANY OF N. AMERICA**

First Plaintiff: Business Individual
 Government Other

First Defendant: Business Individual
 Government Other

NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:

TORTS: PERSONAL INJURY

- WDEA - Wrongful Death
- TONG - Negligence: General
- TOMV - Negligence: Motor Vehicle
- TOWA - Wantonness
- TOPL - Product Liability/AEMLD
- TOMM - Malpractice-Medical
- TOLM - Malpractice-Legal
- TOOM - Malpractice-Other
- TBFM - Fraud/Bad Faith/Misrepresentation
- TOXX - Other: _____

TORTS: PERSONAL INJURY

- TOPE - Personal Property
- TORE - Real Property

OTHER CIVIL FILINGS

- ABAN - Abandoned Automobile
- ACCT - Account & Nonmortgage
- APAA - Administrative Agency Appeal
- ADPA - Administrative Procedure Act
- ANPS - Adults in Need of Protective Services

OTHER CIVIL FILINGS (cont'd)

- MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/Enforcement of Agency Subpoena/Petition to Preserve
- CVRT - Civil Rights
- COND - Condemnation/Eminent Domain/Right-of-Way
- CTMP - Contempt of Court
- CONT - Contract/Ejectment/Writ of Seizure
- TOCN - Conversion
- EQND - Equity Non-Damages Actions/Declaratory Judgment/Injunction Election Contest/Quiet Title/Sale For Division
- CVUD - Eviction Appeal/Unlawful Detainer
- FORJ - Foreign Judgment
- FORF - Fruits of Crime Forfeiture
- MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition
- PFAB - Protection From Abuse
- EPFA - Elder Protection From Abuse
- FELA - Railroad/Seaman (FELA)
- RPRO - Real Property
- WTEG - Will/Trust/Estate/Guardianship/Conservatorship
- COMP - Workers' Compensation
- CVXX - Miscellaneous Circuit Civil Case

ORIGIN: F INITIAL FILING

A APPEAL FROM
DISTRICT COURT

O OTHER

R REMANDED

T TRANSFERRED FROM
OTHER CIRCUIT COURT

HAS JURY TRIAL BEEN DEMANDED? YES NO

Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P, for procedure)

RELIEF REQUESTED: MONETARY AWARD REQUESTED NO MONETARY AWARD REQUESTED

ATTORNEY CODE:

ALL016

2/26/2019 3:20:57 PM

/s/ MYRON KAY ALLENSTEIN

Date

Signature of Attorney/Party filing this form

MEDIATION REQUESTED: YES NO UNDECIDED

Election to Proceed under the Alabama Rules for Expedited Civil Actions:

YES NO



State of Alabama
Unified Judicial System
Form C-10
Page 1 of 2
Rev.2/95

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Case Number

IN THE Circuit COURT OF Etowah County, ALABAMA
(Circuit, District, or Municipal)

STYLE OF CASE: Jane Kiser Plaintiff(s) v. Life Ins. Co. of North America Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

CIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

CIVIL CASE-- (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.

CRIMINAL CASE-- I am financially unable to hire an attorney and request that the court appoint one for me.

DELINQUENCY/NEED OF SUPERVISION-- I am financially unable to hire an attorney and request that the court appoint one for my child/me

AFFIDAVIT

SECTION 1.

1. IDENTIFICATION

Full name Jane C. Kiser Date of Birth 12-16-1959
Spouse's full name (if married) Gregory B. Kiser
Complete home address 305 County Road 263 Piedmont, AL 36272

Number of people living in household 2

Home telephone number 256-283-7078

Occupation/Job Disabled Length of employment _____

Driver's license number 3916150 *Social Security Number 417-92-6751

Employer NA Employer's telephone number NA

Employer's address NA

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply)

AFDC Food Stamps SSI Medicaid Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income \$ 1819.00

Spouse's Monthly Gross Income (unless a marital offense) \$ 1218.00

Other Earnings: Commissions, Bonuses, Interest Income, etc. _____

Contributions from Other People Living in Household _____

Unemployment/Workmen's Compensation, _____

Social Security, Retirements, etc. _____

Other Income (be specific) _____

TOTAL MONTHLY GROSS INCOME

\$ 3037.00

Monthly Expenses:

A. Living Expenses

Rent/Mortgage \$ 641.00

Total Utilities: Gas, Electricity, Water, etc. \$ 310.00

Food \$ 500.00

Clothing \$ 500.00

Health Care/Medical \$ 160.00

Insurance \$ 500.00

Car Payment(s)/Transportation Expenses \$ 100.00

Loan Payment(s) \$ 0.00

*OPTIONAL

Form C-10 Page 2 of 2 Rev.2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER																
<p>Monthly Expenses: (cont'd page 1)</p> <table> <tr> <td>Credit Card Payment(s)</td> <td style="text-align: right;">280.00</td> </tr> <tr> <td>Educational/Employment Expenses</td> <td style="text-align: right;">100.00</td> </tr> <tr> <td>Other Expenses (be specific)</td> <td style="text-align: right;">290.00</td> </tr> <tr> <td><i>phone, M/T/M/T</i></td> <td></td> </tr> <tr> <td style="text-align: right;">Sub-Total</td> <td style="text-align: right;">A \$ 3091.00</td> </tr> </table> <p>B. Child Support Payment(s)/Alimony</p> <table> <tr> <td style="text-align: right;">Sub-Total</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p>C. Exceptional Expenses</p> <table> <tr> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">B \$ _____</td> </tr> </table> <p style="text-align: center;">TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)</p> <table> <tr> <td style="text-align: right;">\$ _____</td> </tr> </table>			Credit Card Payment(s)	280.00	Educational/Employment Expenses	100.00	Other Expenses (be specific)	290.00	<i>phone, M/T/M/T</i>		Sub-Total	A \$ 3091.00	Sub-Total	\$ _____	\$ _____	B \$ _____	\$ _____
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Sub-Total	A \$ 3091.00																
Sub-Total	\$ _____																
\$ _____	B \$ _____																
\$ _____																	
<p>Total Gross Monthly Income Less total monthly expenses:</p> <table> <tr> <td style="text-align: right;">DISPOSABLE MONTHLY INCOME</td> <td style="text-align: right;">\$ _____</td> </tr> </table>			DISPOSABLE MONTHLY INCOME	\$ _____													
DISPOSABLE MONTHLY INCOME	\$ _____																
<p>4. LIQUID ASSETS:</p> <table> <tr> <td>Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)</td> <td style="text-align: right;">\$ 100</td> </tr> <tr> <td>Equity in Real Estate (value of property less what you owe)</td> <td style="text-align: right;">\$ 20,000</td> </tr> <tr> <td>Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)</td> <td style="text-align: right;">MM</td> </tr> <tr> <td>Other (be specific)</td> <td style="text-align: right;">\$ 16,841.3</td> </tr> <tr> <td>Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, Jewelry)</td> <td></td> </tr> <tr> <td>If so, describe _____</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL LIQUID ASSETS</td> <td style="text-align: right;">\$ 26,000</td> </tr> </table>			Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)	\$ 100	Equity in Real Estate (value of property less what you owe)	\$ 20,000	Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)	MM	Other (be specific)	\$ 16,841.3	Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, Jewelry)		If so, describe _____		TOTAL LIQUID ASSETS	\$ 26,000	
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If so, describe _____																	
TOTAL LIQUID ASSETS	\$ 26,000																
<p>5. Affidavit/Request</p> <p>I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.</p> <p>Sworn to and subscribed before me this</p> <p><i>50th day of February 2019</i></p> <p><i>Jane C. Kiser</i> Affiant's Signature</p> <p><i>Jane C. Kiser</i> Print or Type Name</p>																	
ORDER OF COURT																	
<p>SECTION II</p> <p>IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:</p> <p><input type="checkbox"/> Affiant is not indigent and request is DENIED.</p> <p><input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____</p> <p><input type="checkbox"/> Affiant is indigent and request is GRANTED.</p> <p><input type="checkbox"/> The prepayment of docket fees is waived.</p> <p>IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.</p> <p>IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.</p> <p>Done this _____ day of _____</p> <p style="text-align: right;">_____ Judge</p>																	



IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER,

*

Plaintiff,

*

*

v.

* Case Number: _____

*

LIFE INSURANCE COMPANY OF NORTH
AMERICA,

*

*

Defendant

*

COMPLAINT

Long Term Disability Benefits

1. Plaintiff, age 59, is a 22 year disabled former employee of Floyd Medical Center.
2. Plaintiff has long term disability benefits through Defendant Life Insurance Company of North America.
3. Plaintiff was injured in an automobile accident and suffers from mental trauma as well as back injuries.
4. Plaintiff has short term memory loss, difficulty thinking, confusion, and difficulty with speech.
5. Plaintiff drew long term disability benefits for two years until benefits were terminated.
6. Plaintiff is currently drawing Social Security disability benefits.
7. Plaintiff has exhausted all administrative remedies with a denial of administrative appeal on 10/12/18.
8. This claim is filed pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate relief, attorney fees and costs which are less than \$50,000.

s/MYRON K. ALLENSTEIN (ALL016)
ROSE MARIE ALLENSTEIN (ALL060)
ALLENSTEIN & ALLENSTEIN, LLC
Attorneys for Plaintiff
141 South 9th Street
Gadsden, AL 35901
(256) 546-6314
(256) 547-7648 (fax)
myron@allenstein.com
rose@allenstein.com



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following matter was FILED on 2/26/2019 4:46:32 PM

Notice Date: 2/26/2019 4:46:32 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: LIFE INSURANCE COMPANY OF N. AMERICA (PRO SE)
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL, 36104-0000

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

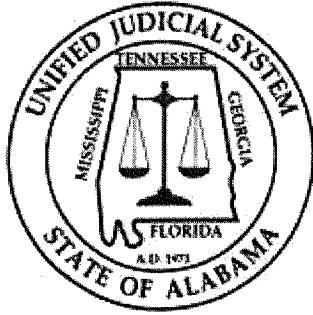
JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

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SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

To: MYRON KAY ALLENSTEIN
myron@allenstein.com

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following complaint was FILED on 2/26/2019 3:20:49 PM

Notice Date: 2/26/2019 3:20:49 PM

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150



AlaFile E-Notice

31-CV-2019-900133.00

To: LIFE INSURANCE COMPANY OF N. AMERICA
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL, 36104

NOTICE OF ELECTRONIC FILING

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

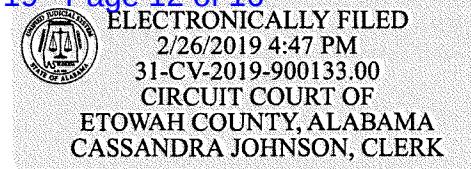
The following complaint was FILED on 2/26/2019 3:20:49 PM

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CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150

State of Alabama Unified Judicial System Form C-34 Rev. 4/2017	SUMMONS - CIVIL -	Court Case Number 31-CV-2019-900133.00
IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA		
NOTICE TO: LIFE INSURANCE COMPANY OF N. AMERICA, 2 NORTH JACKSON STREET SUITE 605, MONTGOMERY, AL 36104 <small>(Name and Address of Defendant)</small>		
<p>THE COMPLAINT OR OTHER DOCUMENT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU OR YOUR ATTORNEY ARE REQUIRED TO FILE THE ORIGINAL OF YOUR WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT OR OTHER DOCUMENT, WITH THE CLERK OF THIS COURT. A COPY OF YOUR ANSWER MUST BE MAILED OR HAND DELIVERED BY YOU OR YOUR ATTORNEY TO THE PLAINTIFF(S) OR ATTORNEY(S) OF THE PLAINTIFF(S), MYRON KAY ALLENSTEIN</p> <p><small>[Name(s) of Attorney(s)]</small></p> <p>WHOSE ADDRESS(ES) IS/ARE: 141 S. 9TH STREET, GADSDEN, AL 35901</p> <p><small>[Address(es) of Plaintiff(s) or Attorney(s)]</small></p> <p>THE ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT OR OTHER DOCUMENT WERE SERVED ON YOU OR A JUDGMENT BY DEFAULT MAY BE RENDERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT OR OTHER DOCUMENT.</p>		
TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY THE ALABAMA RULES OF CIVIL PROCEDURE TO SERVE PROCESS:		
<p><input type="checkbox"/> You are hereby commanded to serve this Summons and a copy of the Complaint or other document in this action upon the above-named Defendant.</p> <p><input checked="" type="checkbox"/> Service by certified mail of this Summons is initiated upon the written request of <u>JANE KISER</u> <small>[Name(s)]</small> pursuant to the Alabama Rules of the Civil Procedure.</p> <p>2/26/2019 3:20:49 PM <u>/s/ CASSANDRA JOHNSON</u> By: _____ <small>(Date) (Signature of Clerk) (Name)</small></p> <p><input checked="" type="checkbox"/> Certified Mail is hereby requested. <u>/s/ MYRON KAY ALLENSTEIN</u> <small>(Plaintiff's/Attorney's Signature)</small></p>		
RETURN ON SERVICE		
<p><input type="checkbox"/> Return receipt of certified mail received in this office on _____ <small>(Date)</small></p> <p><input type="checkbox"/> I certify that I personally delivered a copy of this Summons and Complaint or other document to _____ in _____ County, <small>(Name of Person Served) (Name of County)</small></p> <p>Alabama on _____. <small>(Date)</small> _____ <small>(Address of Server)</small></p> <p><small>(Type of Process Server)</small> _____ <small>(Server's Signature)</small> _____ <small>(Server's Printed Name)</small> _____ <small>(Phone Number of Server)</small> _____</p>		



IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

KISER JANE)
Plaintiff,)
v.) Case No.: CV-2019-900133.00
LIFE INSURANCE COMPANY OF N. AMERICA)
Defendant.)

ORDER ON AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

DONE this 26th day of February, 2019

/s/ WILLIAM B OGLETREE

CIRCUIT JUDGE



NOTICE TO CLERK

REQUIREMENTS FOR COMPLETING SERVICE BY
CERTIFIED MAIL OR FIRST CLASS MAIL

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA

31-CV-2019-900133.00

WBO

To: CLERK ETOWAH
clerk.etowah@alacourt.gov

TOTAL POSTAGE PAID: \$6.95

Parties to be served by Certified Mail - Return Receipt Requested

LIFE INSURANCE COMPANY OF N. AMERICA
2 NORTH JACKSON STREET
SUITE 605
MONTGOMERY, AL 36104

Postage: \$6.95

Parties to be served by Certified Mail - Restricted Delivery - Return Receipt Requested

Parties to be served by First Class Mail

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
For delivery information, visit our website at www.usps.com		
OFFICIAL USE		
<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To</p> <p>Street and Apt. No., or PO Box No. _____</p> <p>City, State, Zip/4440 _____</p>	<p>Postmark Here</p>	
<small>PS Form 3800, April 2015 PSN 7500-02-000-9047</small>		<small>See Reverse for Instructions</small>



AlaFile E-Notice

31-CV-2019-900133.00

Judge: WILLIAM B OGLETREE

To: ALLENSTEIN MYRON KAY
myron@allenstein.com

NOTICE OF SERVICE

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

JANE KISER V. LIFE INSURANCE COMPANY OF N. AMERICA
31-CV-2019-900133.00

The following matter was served on 3/1/2019

D001 LIFE INSURANCE COMPANY OF N. AMERICA
Corresponding To
CERTIFIED MAIL

CASSANDRA JOHNSON
CIRCUIT COURT CLERK
ETOWAH COUNTY, ALABAMA
801 FORREST AVENUE
SUITE 202
GADSDEN, AL, 35901

256-549-2150

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maura McHale Agent Addressee

B. Received by (Printed Name)

MAR

C. Date of Delivery

1 2019

Address different from Item 1? YesDelivery address below: No**FILED**

MAR 06 2019

Life Insurance Company of N America
 2 North Jackson Street
 Suite 605
 Montgomery, AL 36104
 CV-2019-900133 WBO S/C D001



9590 9402 4480 8248 1089 20

2018 1130 0002 1896 5868

3. Service Type ~~Priority Mail Express~~ Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

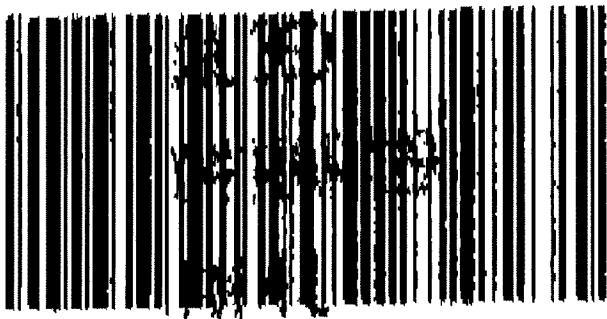
Certified Mail Restricted Delivery Signature Confirmation™

Collection Delivery Signature Confirmation

Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

USPS TRACK & GIVE IT



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4480 8248 1089 20

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box*

CASSANDRA "SAM" JOHNSON
ETOWAH COUNTY CIRCUIT CLERK
801 FORREST AVE - SUITE 202
GADSDEN, ALABAMA 35901

01-366352

